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AUTHOR Martin, Larry L.: Nivens, Maryruth K.
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ABSTRACT

A model extrapolates from E. Kubler-Ross' conception of the stages of grief to apply to parent and family reactions when an exceptionality is identified. A chart lists possible parent feelings and reactions, possible school reactions to the parent in grief, and the child's reactions during each of five stages: denial, rage and anger, bargaining, depression, and acceptance. Implications for the actions of school staff are drawn, including recognizing and empathizing with parents' reactions. (CL)

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THE ACCEPTANCE OF EXCEPTIONALITY: A THREE DIMENSIONAL MODEL

Larry L. Martin, Ph.D.
Associate Professor of Learning Disabilities
School of Education
Auburn University at Montgomery
Montgomery, Alabama 36193

Maryruth K. Nivens, Ph.D.
Associate Professor of Counseling Education
School of Education
Auburn University at Montgomery
Montgomery, Alabama 36193

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Much of the literature related to the exceptional child's self-image speaks to intrapersonal rather than interpersonal phenomena. (Smith, 1977; Black, 1974; Purkey, 1970; Larsen, 1973). As consultants to parents in two remedial programs, an early identification of and intervention with profoundly deaf infants and a learning disability clinic, the authors have determined a need to examine the environmental dynamics of grieving as these impact upon the child's self-image.

Kubler-Ross's (1969) stages of grief are frequently applied singly to either the child or the family. We suggest that while all those involved will grieve, each person may be at a different stage, at a different time, and with varying degrees of intensity. This lack of synchronisity can impact upon all concerned; and the resultant stress is further aggrevated by some misperceptions of the parents' grief by educational interventionists.

The following model examines the dynamics of grieving that does exist when an exceptionality is identified. The authors have extrapolated from Kulber-Ross's stages of grief to illustrate what may be happening among all the participants in an educational intervention. The child is considered a primary participant even when not actually present for parent and school discussions. The impact of these adult behaviors, whether generated by parents or school officials, becomes the focus for the remainder of this article.

WHAT PROFESSIONALS MAY EXPECT

Many times, professionals within the school system are perplexed by the variety and extremity of parent responses when the school first informs

the parents of a diagnosis of exceptionality. These responses may range from anger, resistance, denial, disbelief, hostility, avoidance, unreasonable expectations by all concerned, depression, up to and including acceptance. There does not appear to be any predictable parental response pattern to a particular exceptionality in a given set of circumstances. This lack of emotional consistency leaves school personnel guessing as to how to approach the parents so that a significant intervention strategy can be implemented on the child's behalf.

WHAT MAY BE HAPPENING

School personnel have initiated the initial interaction fully prepared to objectively discuss diagnosis, intervention and prognosis. Their information is based upon carefully selected and professionally administered batteries of tests and observation of the child. The parents, on the other hand, enter the initial conference from a purely subjective frame of reference. Columns A and B (Chart 1) present some possible reactions the initial conference may precipitate between parents and school officials, particularly when the dynamics of the situation go unattended.

Column C (Chart 1) indicates some of the possible feelings which an exceptional child might experience during the course of parent and school interaction from the initial request to test through placement and follow-up. The child's self-image can either be severely damaged or enhanced depending upon the ability of school personnel to recognize the parents' state of mind and respond appropriately to their fears and feelings.

CHART 1

ACCEPTANCE OF EXCEPTIONALITY: THREE DIMENSIONAL MODEL

STAGE	PARENT'S FEELINGS AND REACTIONS	POSSIBLE SCHOOL REACTION TO PARENTS IN GRIEF	CHILD'S REACTION
I DENIAL	I don't believe this. Others will give me a more acceptable diagnosis. NOT OUR FAMILY!	What kind of parents does this child have? There is obvicusly a problem--why isn't something being done?	What's wrong with me? Nobody will say. I'm always being tested. I don't like these strangers. I don't like myself anymore.
II RAGE & ANGER	Why me? Why have I been singled out for this problem? Why did you (teacher, testor) tell me this? This must have come from <u>your</u> side of the family.	This angry parent makes me feel defensive. If these parents don't get off my back, I may never work with their child I don't need special children in my classes!	I must be bad. My parents are mad at me.
III BARGAINING	Yes, but. If I get the right program (or teacher), can you promise me this will go away? OK. I'll make my child do 3 hours of extra work after school. If I work hard enough, this will go away. It's not as bad as these "experts" think. I don't have time for the rest of my family now.	These parents are very cooperative. With parent cooperation like this, there are no limits to what I can ask them to do. They can't seem to do enough. They are beginning to expect me to act as if I don't have 30 other students.	I WON'T. YOU CAN'T MAKE ME. I am tired. Quit picking on me. I don't want to work this hard. Other kids don't have this much trouble in school. All you care about is what <u>you</u> want. You expect miracles. LEAVE ME ALONE!
IV DEPRESSION	I am a bad parent. I quit. I feel helpless. There's no hope. I won't do another thing with my child or the school. I don't want to hear how my child is doing in school. I'm tired. My head aches.	What kind of teacher am I that I can't help this child? What's the matter with those parents? I've never seen a child like this! I give up. It's hopeless.	You don't love me. I'm so lonely and sad. I can't help it if I wet the bed (or suck my thumb, or cry). I hate me! I think I'll run away.
V ACCEPTANCE	This is real. But we can work this into our lives so that nobody suffers. What are some realistic goals? For my child? For me? For the school?	I am comfortable with this child. My expectations for the child and myself are goals we can reach. I will be glad to see these parents at the next conference.	I don't mind doing my work. I like myself. I sure am relieved. I thought I had something awful!

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WHAT CAN BE DONE

First of all, the school personnel must be aware of the dynamics of that first parent conference which will set the tone of subsequent conferences.

Secondly, it must be recognized that grieving is a normal process that every person experiences as a result of a significant loss (i.e. your child is exceptional, loss of job, death, divorce, or separation). By utilizing the presented model along with the core conditions for caring communications (Carkoff, 1971), it is possible to recognize and empathize with parents as they react to their child's newly identified situation. These same communication skills will help parents work through their various feelings as they relate to the model.

The end goal for our caring communication process is to provide the child with the best possible education to meet his individual needs including a strong self-worth. This can most efficiently be accomplished by facilitating the parents in reaching stage V (Acceptance) as soon as possible. At this stage the school and parents are working together with reasonable expectations for all concerned. The child's handicap or exceptionality has been incorporated into the family and school structure in such a way that no undue burden of time, energy, or money accrues to any one person.

Any significant change in either the child because of lack of progress or a change of prognosis may precipitate return to any or all of the grief stages preceding acceptance. It is important to anticipate these regressions or vasilations by responding in a professionally objective rather than defensive manner in order to help the parents resolve their renewed concerns and regain the acceptance stage.

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